


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-12-2008 90017 044 ****61.25

DOCUMENT # N97000001485					
1. Entity Name NEW JERUSALEM MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 157 GRANT ST CHATTAHOOCHEE FL 32324 US		Mailing Address P O BOX 793 CHATTAHOOCHEE FL 32324 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3148065	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DAVIS, LORINE 415 WEST RIVER ROAD CHATTAHOOCHEE FL 32324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE _____ DATE _____ <small>Signature of person or current name of registered agent and title if applicable. (NOTE: Registered Agent signature may used when registering)</small>					
FILE NOW FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DAVIS, HORACE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	415 W RIVER RD		NAME		
STREET ADDRESS	CHATTAHOOCHEE FL 32324		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	DAVIS, LORINE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	415 W RIVER RD		NAME		
STREET ADDRESS	CHATTAHOOCHEE FL 32324		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	ALLEN, FRANCES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	194 JONES ST		NAME		
STREET ADDRESS	CHATTAHOOCHEE FL 32324		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	JACKSON, VIRGINIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	211 MCDONALD AVE		NAME		
STREET ADDRESS	CHATTAHOOCHEE FL 32324		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lorine Davis</i>			3/5/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

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1st MOORE CR2E037 (10/07)